

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90076 006 \*\*\*150.00

DOCUMENT # P98000007764

1. Entity Name

ALL CONCRETE CONSTRUCTION, INC.

Principal Place of Business

20819 6TH AVENUE WEST  
SUMMERLAND KEY FL 33042

Mailing Address

3949 PLAUD VIEW DR  
LAKE PLACID FL 33852

2. Principal Place of Business

3949 Placid View Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Placid FL

City & State

Zip

33852

Country

Monroe

Country

4. FEI Number

65-0810996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORSE, LEIGHTON G  
444 WHITEHEAD STREET  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Tracy Peters

Street Address (P.O. Box Number is Not Acceptable)

3949 Placid View Dr.

City

Lake Placid

FL

Zip Code

33852

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Tracy Peters Tracy Peters

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PETERS, EDWARD S  
STREET ADDRESS 20819 6TH AVE. WEST  
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE V ☒ Delete  
NAME WHITTINGTON, KENNETH A  
STREET ADDRESS 20819 6TH AVE. WEST  
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE ST ☒ Delete  
NAME GUARNIERI, FRED J  
STREET ADDRESS 20819 6TH AVE. WEST  
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Peters, Edward S.  
STREET ADDRESS 3949 Placid View Dr.  
CITY-ST-ZIP Lake Placid FL 33852

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward S. Peters  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

305-923-0088  
Daytime Phone #

CR2E034 (9/01)